

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41787

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>3972</u>		Registrar's No. <u>197</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Flemington</u> c. LENGTH OF STAY (In this place) <u>All life</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Flemington</u> <u>0840</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Josephas</u> c. (Last) <u>Brown</u>				4. DATE OF DEATH (Month) <u>12</u> (Day) <u>1</u> (Year) <u>50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 22, 1869</u>	
9. AGE (In years, last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Francis Kirk Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Ella</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Brown</u> ADDRESS <u>Flemington</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Senile Debility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>331X</u>							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec. 1, 1950</u> , to <u>Dec. 2, 1950</u> , that I last saw the deceased alive on <u>Dec. 1, 1950</u> , and that death occurred at <u>7:05 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. R. Easton</u> <u>2 M.D.</u>				23b. ADDRESS <u>Heanbleau, Mo.</u>		23c. DATE SIGNED <u>Dec. 2, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humansville</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Easton</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Primmo</u>		ADDRESS <u>Funeral Home Humansville</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - St. Louis

RECEIVED DE 14 1950

Dist. File 12-50-2484

Date Filed 12-20-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

O. H. Beckwith

Signed.....

Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Humansville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.